

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS639HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2010
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 6/23/10 and finalized on 6/24/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital. Complaint #NV00025680 was substantiated with deficiencies cited. (See Tag 116) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	S 000			
S 116 SS=F	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (b) Develop and carry out an active program for the prevention, control and investigation of infections and communicable diseases. This Regulation is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide an active infection control program for the control and	S 116	Sunrise Hospital has thoroughly reviewed this deficiency. Please see the corrective actions below: A. Corrective action for affected patients and others potentially affected: All patients admitted to the facility have the potential to be affected by this practice.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Sylvia Young

TITLE
CEO

(X6) DATE

7-15-10

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S 116	<p>Continued From page 1</p> <p>prevention of infections.</p> <ol style="list-style-type: none"> Two of seven staff members observed did not follow isolation precautions. Employee #10 and Employee #11 were observed leaving an isolation room and did not wash their hands. Two isolation caddies were observed to have no gowns (Room W503 and Room E432) and one isolation caddy was observed to have no masks and one glove (Room E373). One patient with clostridium difficile was observed walking in the hall and standing in the nurses station in a hospital gown. One patient's family was unaware of where to dispose of the isolation gown, gloves and mask. The PPE was disposed of in the wastebasket near the hallway sink. Three patient guests were observed in the isolation room without wearing any personal protective equipment (PPE). <p>Severity: 2 Scope: 3</p>	S 116	<p>B. The following measures have been put into place and systematic changes initiated to ensure the deficient practice will not recur.</p> <p>Actions taken on 6/23/2010:</p> <ul style="list-style-type: none"> The current policies related to infection control were reviewed on 6/23/2010. Immediately the evening of 6/23: Educational sessions were held with all staff on duty regarding appropriate infection control processes. This education included appropriate use of PPE, the donning and doffing of PPE, keeping isolation caddies stocked, hand hygiene in and out of patient isolation rooms, patient and visitor education regarding required use of PPE, isolation requirements for patients being transported or ambulating outside of their room, and the correct use of isolation signage. Also included was reeducation on documentation in the patient's medical record of patient and or family/visitor education. (Exhibit A) Physician education was provided on 6/24 through the use of flyers and storyboards. (Exhibit B) 		

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S 116	Continued From page 1	S 116	<ul style="list-style-type: none"> Reinforced process that all isolation caddies located on patient room doors were to be inspected for supply of appropriate PPE and appropriate signage. Caddies are checked at the start of each shift and with hourly rounds. All patients in isolation and their visitors were reeducated on the required use of PPE and the appropriate way to don and doff and dispose of it. In addition, patient's education included that if an isolation patient is transported or ambulating outside of their room they must be in the appropriate PPE. Additional signage was created to alert and capture the attention of isolation patient visitors to prevent visitation without appropriate PPE. (Exhibit C) Patient and visitor education packets were created and were distributed to patients and visitors. (Exhibit D) A leadership team consisting of 4 Charge Nurses rounded on the facility to facilitate compliance with the immediate action plan. 	

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S 116	Continued From page 1	S 116	<ul style="list-style-type: none"> On 6/24/2010 all oncoming staff were reeducated regarding appropriate infection control processes by their director/manager or designee to include appropriate use of PPE, the donning and doffing of PPE, hand hygiene in and out of patient isolation rooms, patient and visitor education regarding required use of PPE, isolation requirements for patients being transported or ambulating outside of their room, and the correct use of isolation signage and stocking of isolation caddies. Also included was reeducation on documentation in the patient's medical record of patient and or family/visitor education. On 6/24/2010 a management team meeting was held with the Senior Leadership, Directors and Managers to review the action plan and practice expectations. The attendees were provided with the educational tools to use with staff, patients and visitors. Non compliant patients and family/visitors will be reeducated. If necessary family/visitor will be advised they cannot visit if unwilling or unable to comply with wearing PPE. 	

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S 116	Continued From page 1	S 116	<p>Staff was also reeducated on the requirement to initiate chain of command for problem resolution if necessary.</p> <p>Actions initiate on 6/25/2010.</p> <ul style="list-style-type: none"> • Infection Control Subcommittee reviewed and revised policies "Contact Precautions, Droplet Precautions, Airborne Precautions, Category Specific Isolation, and Contact Precautions Terminal Cleaning. Education on Policy changes started on July 15, 2010. Policies to be presented through the Medical Executive Committee and Board of Trustees by July 31, 2010. (Exhibit E) • Isolation signs were reviewed and revisions completed on July 14, 2010. (Exhibit F) • <u>Prevention & Control of Infections</u>, an educational session consisting of hand hygiene, isolation practice and appropriate wearing of PPE education was created by the education department in conjunction with the Infection Control Subcommittee. This education is being presented by departmental leadership at huddles and staff meetings with Infection Control Coordinators as a resource. 	

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S 116	Continued From page 1	S 116	<ul style="list-style-type: none"> All staff will be required to participate in this education by August 31, 2010. (Exhibit G) A train the trainer session for <u>Prevention & Control of Infections</u> was presented by the Education Director and Infection Control Coordinator to the management team on July 14, 2010. Annual mandatory education to be completed by the individual departments annual due dates; <u>Sunrise Specific Annual Update Infection Control</u>, and <u>Rapid Regulatory Compliance</u> both clinical and non-clinical versions were enhanced to include additional education on appropriate use of PPE and isolation practices. (Exhibit H) C. Monitoring: <ul style="list-style-type: none"> On July 08 at the biweekly charge nurse meeting, the charge nurse staff was directed to continue daily rounding with audits of all above actions initiated until formal audit in place. The Unit Managers or designees will initiate formal daily audits of the isolation caddies on July 26, 2010 to observe for adequate supply of appropriate PPE. 	

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S 116	Continued From page 1	S 116	<ul style="list-style-type: none"> The audit will be performed for one month. The results of the audit will be reported at Quality Care Committee (QCC). Non compliance will result in reeducation followed by corrective action. (Exhibit I) The Unit Managers or designees will initiate formal daily audits, on July 26, 2010 observing staff, patients and visitors for situational use of appropriate PPE for one month. The results of the audit will be reported at QCC. Non compliance will result in reeducation followed by corrective action. (Exhibit I) The Unit Managers or designees will initiate formal daily medical record audit of isolation patient's medical records on July 26 2010 for appropriate documentation of patient education of isolation procedures. The results of the audit will be reported at QCC. Non compliance will result in reeducation followed by corrective action. (Exhibit I) 		

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S 116	Continued From page 1	S 116	<ul style="list-style-type: none"> The Unit Managers or designees will initiate formal daily medical record audits on July 26, 2010 of isolation patient's medical records for appropriate documentation of family/visitor education of isolation procedures. The results of the audit will be reported at QCC. Non compliance will result in reeducation followed by corrective action. (Exhibit I) Random hand hygiene audits will be conducted weekly in all patient care areas with results reported to QCC monthly for 3 months. (Exhibit J) Responsible party: CEO All focused educational components will be completed by August 31, 2010. 	

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